

LEGISLATIVE SCRUTINY COMMITTEE
Response to Written Questions – Attorney-General’s Department
Inquiry into the Attorney-General Legislation Amendment (Boards, Committees
and Statutory Offices) Bill 2026

Overarching Response

A significant purpose and objective of the Bill, as articulated by the Attorney-General and reiterated through the public briefing is giving effect to an administrative review conducted across all ministerial portfolios to streamline, modernise and rationalise all boards and committees.

Government relied on information available within government as the administrators of the legislation to inform the review. Measures to subsequently give effect to the recommendations of the review have included legislative amendments, as contained in this Bill, and administrative implementation informed by the outcomes of the review and intended to support the review purpose and objectives.

Care and Protection of Children Act 2007

Abolition of the Child Death Review and Prevention Committee

1. In the Public Briefing, the Department advised that the decision to abolish the Child Death Review and Prevention Committee (CDRPC) was made before the Coroner's *Inquest into Baby K, Baby B and Baby S* (handed down 30 April 2026). When exactly was this decision made?

Answer:

As indicated in the Public Briefing, the decision was made as part of the broader boards and committees review that occurred across all ministerial portfolios. This review was conducted following the incoming of Government .

2. What was the rationale for allowing the CDRPC membership to fall below the numbers required for quorum from October 2024, effectively ceasing the Committee before formal abolition?

Answer:

Government conducted a review of all boards and committees to determine whether their structure and membership continued to be the most effective way to support Government priorities. This meant that the CDRPC was under active consideration.

In that context, it was not appropriate to proceed with new appointments until a decision was made.

3. Australia has obligations under the *Convention on the Rights of the Child* (the Convention), including to uphold children’s right to life. Has a human rights assessment been conducted regarding the impact of the abolition of the CDRPC on those obligations? If so, what was the findings of this assessment?

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Answer:

The decision to abolish CDRPC concerned the governance arrangements for child death review and prevention functions, rather than considering the continuation of those functions themselves. The Convention does not prescribe a particular institutional model for delivering those functions.

Consultation

4. In the Public Briefing, the Department advised that the Public Guardian and the Chair of the Liquor Commission were consulted prior to decisions being made to amend legislation impacting them. However, the Department also advised that there was no consultation undertaken with regard to the abolition of the CDRPC outside of government agencies. Can you explain:
- a. The rationale for not consulting with current and former members of the CDRPC, the Coroner, and the Children’s Commissioner?
 - b. Why consultation practices varied between different parts of this Bill, noting that the decision to disestablish the CDRPC is a more significant decision than the amendments to the *Public Trustee Act 1979* or the *Liquor Commission Act 2018*?
 - c. When was the decision made not to consult prior to abolishing the CDRPC?

Answer:

- a. An internal assessment was undertaken to understand how CDRPC’s functions were being supported through existing agency information and processes, as reflected in CDRPC’s Annual Reports. Those reports show that CDRPC’s work relies on information and processes held within NT Government agencies and that its role is primarily analytical, involving the monitoring, analysis and reporting of child deaths using material provided through existing systems. External consultation with current or former CDRPC members, the Coroner or the Children’s Commissioner was not required to support this assessment.
- b. The consultation approach differed because the amendments resulted from different processes. Where changes directly affected the statutory responsibilities of specific office holders, such as the Public Guardian or the Chair of the Liquor Commission, consultation occurred in line with usual practice.

The amendments to the *Public Trustee Act 1979* were technical and related to operational Public Guardian and Trustee matters, so consultation was required to ensure they were workable. NT WorkSafe was consulted for the same reason on amendments to the *Electrical Safety Act 2022*. The Liquor Commissioner was consulted because the amendment to the *Liquor Commission Act 2018* was identified by the then Commissioner.

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The difference reflects the different origins of the amendments, not their significance.

- c. There was no specific decision point regarding the consultation approach.
5. Noting that no consultation was undertaken with relevant stakeholders outside government agencies, what resources, data or expertise was considered when deciding that the CDRPC should be abolished?

Answer:

As indicated in the Public Briefing, the review was administrative and conducted across all ministerial portfolios to streamline, modernise and rationalise all boards and committees. Government relied on information available within government as the administrators of the legislation to inform the review.

6. In the Public Briefing, the Department advised that consultation has occurred with some affected stakeholders following the introduction of the legislation as part of the transition discussions. Can the Committee be provided with a record of those consultations?

Answer:

Senior officers from the Department have had initial discussions with stakeholders as detailed below:

Stakeholder	Summary of discussions	Date
Deputy Coroner	Discussed decision and initial considerations of where key functions may be transitioned to.	10 December 2025
Children’s Commissioner	Discussed decision and initial considerations of where key functions may be transitioned to. Further discussion and correspondence were scheduled at the time of appearing before Scrutiny to be completed by end of June 2026	5 January 2026
Chair of CDYRP	Discussed alignment of committee functions	2 June 2026
Chief Health Officer	Meeting scheduled	24 June 2026

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7. Have any stakeholders who have been consulted regarding transitional arrangements raised concerns about the abolition of the CDRPC? If so, what were those concerns and how were they addressed by the Department?

Answer:

Yes. The Office of the Coroner, the Office of the Children’s Commissioner, and several former members of CDRPC have raised concerns during transition discussions.

The Department is taking these matters into account through ongoing transition planning with the Coroner’s Office, the Children’s Commissioner and relevant agencies. This work has focused on confirming roles and responsibilities, ensuring continuity of existing key processes.

Functions of the Child Death Review and Prevention Committee

8. Clause 6 of the Bill disestablishes the CDRPC by repealing Part 3.3 of the *Care and Protection Act 2007*. The Explanatory Statement says the Bill will reduce ‘overlap’ between the CDRPC and other agencies (p. 2). The current statutory functions of the CDRPC are set out in section 210 (a)-(h) of the *Care and Protection of Children Act 2007*. For each of these functions in sections 210 (a)-(h), can you:
- a. Specify which agency or body, if any, also currently performs that same function?
 - b. Estimate the extent of overlap that exists between each function of the CDRPC and that of the other existing agency/body identified in your answer to question 8(a)?
 - c. Provide evidence to the Committee of any identified overlap or duplication identified in question 8(b)?

Answer:

- a. Functions in sections 210(a), (e) and (f) of the *Care and Protection of Children Act 2007* (CAPC Act) relating to the collection, recording and analysis of information about child deaths overlap with the statutory responsibilities of the Coroner under section 4A of the *Coroners Act 1993*, which requires the Coroner to investigate reportable deaths and maintain coronial records and information systems. The Departments of Health and Children and Families also collect clinical and case-management information relevant to child deaths as part of their operational responsibilities. In addition, the *Births, Deaths and Marriages Registration Act 1996* establishes a statutory framework for the collection and maintenance of death registration information, which is a primary source for child deaths data.

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The research function in section 210(b) of the *Care and Protection of Children Act 2007* overlaps with the work of the Child and Youth Development Research Partnership (CYDRP), which was established under the \$400 000 a year 2025–2029 Funding Agreement between the Northern Territory Government (NT Government) and the Menzies School of Health Research. Under this Agreement, CYDRP is mandated to undertake policy-relevant research, program evaluation and evidence translation to support improved outcomes for children and young people.

Functions in sections 210(c) and (d) of the *Care and Protection of Children Act 2007* relating to identifying systemic issues and making recommendations overlap with the statutory responsibilities of the Children’s Commissioner under section 10 of the *Children’s Commissioner Act 2013*, which includes monitoring services and systems for vulnerable children, identifying systemic risks and making recommendations for improvement. The Coroner also has power to make recommendations under section 35(2) of the *Coroners Act 1993*.

Functions in sections 210(g) and (h) of the *Care and Protection of Children Act 2007* relating to interagency collaboration, information sharing and providing advice to the Minister overlap with existing cross-government governance arrangements, including the CYDRP Steering Committee, and with the advisory roles of the Coroner, the Children’s Commissioner and relevant line agencies.

- b. There is a high degree of overlap between the CDRPC’s data-related functions in sections 210(a), (e) and (f) of the *Care and Protection of Children Act 2007* and the Coroner’s statutory responsibilities under section 4A of the *Coroners Act 1993*, as coronial investigations and coronial information systems already provide the primary data source for child death analysis.

There is a moderate to high overlap between the systemic-review and recommendation functions in sections 210(c) and (d) of the *Care and Protection of Children Act 2007* and the Children’s Commissioner’s mandate under section 10 of the *Children’s Commissioner Act 2013*.

The research function in section 210(b) of the *Care and Protection of Children Act 2007* has a high level of overlap with CYDRP’s mandated research and evaluation role under the 2025–2029 Funding Agreement.

The collaboration and information-sharing functions in sections 210(g) and (h) of the *Care and Protection of Children Act 2007* have a moderate overlap with existing interagency forums and the established roles of the Coroner, the Children’s Commissioner and CYDRP.

- c. Overlap is demonstrated through existing coronial processes, which already involve collecting, recording and analysing information about child deaths. Coronial investigations produce the primary dataset used to understand the

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circumstances and causes of child deaths, so this analytical function is already undertaken within the coronial system.

There is also duplication in the functions concerned with identifying systemic issues and recommending improvements to child safety. The Children’s Commissioner undertakes system-level monitoring of services for vulnerable children, identifies areas of concern and provides recommendations to government. These activities align closely with the review and prevention functions assigned to CDRPC.

Further overlap is demonstrated in the research and evaluation functions. CYDRP is a whole-of-government arrangement involving ten NT Government agencies together with the Menzies School of Health Research. CYDRP is funded to deliver research that informs policy and program development, evaluate child and youth programs, translate findings into practice, and maintain a comprehensive linked data repository. Its Steering Committee includes senior representatives from each participating agency and provides coordinated governance, sets research priorities, approves projects, oversees outputs and ensures alignment with Government objectives. These activities correspond directly to the research and evidence functions attributed to CDRPC.

9. The Explanatory Statement notes that the Government’s intention is for the Committee’s relevant statutory functions to be carried out by appropriate Government agencies and the Coroner’s office. In the Public Briefing, the Department also advised that the Office of the Children’s Commissioner is expected to take on some functions of the CDRPC.

The Coroner (Sub. 2) has indicated their office would need roughly 25–30% additional capacity and access to paediatric subspecialty expertise (oncology, cardiology, neonatology, etc.) if it were required to absorb review functions of child deaths that are not reportable.

- a. Can you please provide a complete function-by-function map of the transfer of functions from CDRPC to other agencies or offices, based on the functions set out in section 210(a)-(h) of the *Care and Protection of Children Act 2007*?
- i. In addition, will the Coroner be required to absorb review functions of child deaths that are not reportable?
 - ii. Are any current statutory functions of the CDRPC in section 210 (a)-(h) not intended to be carried out by other agencies or offices?
 - iii. For each function not proposed to be transferred to another agency or office, what is the rationale for the removal of this function?
- b. Where additional functions are intended to be carried out by the Office of the Coroner:

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- i. How is the Department planning on supporting the Office of the Coroner to deal with the additional workload associated with taking on any additional functions?
- ii. What additional funding, staff or infrastructure has been allocated to the Office of the Coroner in order to enable them to carry out the additional workload? If the Coroner will be required to absorb review functions of child deaths that are not reportable, please specifically address their estimation of a 25-30% workload increase in your answer to this question.
- c. Where additional functions are intended to be carried out by the Office of the Children’s Commissioner:
 - i. How is the Office of the Children’s Commissioner planning on dealing with the additional workload associated with taking on these functions?
 - ii. What additional funding, staff or infrastructure has been allocated to the Office of the Children’s Commissioner in order to enable them to carry out the additional workload?
- d. In the Public Briefing, a Menzies research group was mentioned as taking on some functions of the CDRPC.
 - i. What is the current scope, mandate and funding of that group?
 - ii. Is the research group a direct replacement for the CDRPC's research function? If not, how does it differ?
- e. Can you explain the rationale for not providing responsibility for the functions being transferred to other agencies or offices by legislative amendment (for example, amending the *Coroners Act 1993* to include any functions being transferred to them from the CDRPC)?

Answer:

- a. Transfer of functions is being finalised and consultation continues, however the Department is proposing to seek agreement from relevant Departments and Offices to the allocation as follows:

Statutory Function		Proposed Lead	Ongoing Delivery
1.	Establish and maintain the Child Deaths Register (the CDR).	Office of the Coroner.	The CDR will be maintained through existing coronial systems, supported by current Secretariat resources.

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Statutory Function	Proposed Lead	Ongoing Delivery
2. Conduct or sponsor research into child deaths, diseases and accidents involving children.	CYDRP.	Research and analysis will continue through CYDRP, within the existing scope of its Terms of Reference.
3. Raise public awareness and make recommendations about the death rates of children; the causes and nature of child deaths and of diseases and accidents involving children; and the prevention or reduction of such deaths, diseases and accidents.	Office of the Children’s Commissioner.	Will continue through the Children’s Commissioner’s independent statutory role, including public reporting on trends and risks.
4. Monitor implementation of recommendations.	If required, the Department of Children and Families (DCF) or Coroner’s Office.	No standing function required. Where necessary, monitoring will be undertaken by DCF or the Coroner’s Office in relation to their statutory and service responsibilities.
5. Contribute to any national database on child deaths in Australia.	Office of the Coroner.	Will continue through existing coronial data systems, ensuring provision of data to national organisations.
6. Share information with anyone in Australia who has a similar function to the CDRPC.	Office of the Coroner.	Will continue under established coronial information-sharing arrangements.
7. Perform other relevant functions as the Minister directs.	To be allocated as required.	Will be assigned to the most appropriate agency on a case-by-case basis.

- i. No. The Coroner will not be required to take on review functions for child deaths that are not reportable.
- ii. No. All committee functions will be allocated.

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- iii. Not applicable.
- b. In relation to the Office of the Coroner:
 - i. The existing Secretariat resource that currently supports the Committee’s data and reporting functions remains in the Coroner’s Office, supporting continuity of these functions as well as other work of the Office.
 - ii. Per above, the Secretariat resource will remain within the Office of the Coroner.
- c. In relation to the Children’s Commissioner:
 - i. The functions proposed to be transferred to the Office of the Children’s Commissioner align closely with the Commissioner’s existing statutory responsibilities under section 10 of the *Children’s Commissioner Act 2013*, which include monitoring services and systems for vulnerable children, identifying systemic risks and making recommendations for improvement.
 - ii. No additional funding, staffing or infrastructure has been allocated to the Office of the Children’s Commissioner for these functions that already exist within the statutory responsibilities of the Commission.
- d. In relation to CYDRP:
 - i. CYDRP is established as Menzies’ linked-data work focused on child and youth outcomes. CYDRP maintains a whole-of-population, de-identified dataset covering about 370,000 children and young people across 23 datasets, including health, education, child protection, youth justice, alcohol and other drugs, and domestic and family violence. CYDRP has received NT Government funding since 2009. Under the current 2025–2029 agreement, seven NT Government agencies contribute \$400,000 each year. A multi-agency Steering Committee meets quarterly to set research priorities, approve projects and oversee how findings are applied in practice.
 - ii. CYDRP is not a direct replacement for CDRPC’s research function. CYDRP has the data, capability and governance needed to carry out the research and analysis previously undertaken by CDRPC, and it already examines issues such as risk factors, service pathways and system interactions. It does not assume the CDRPC’s statutory role.
- e. Legislative amendment was not considered necessary because the functions being transferred can already be performed under the existing mandates of the Coroner, the Children’s Commissioner and CYDRP.

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Using existing legislation avoids creating new or overlapping statutory powers and allows the transferred functions to be incorporated into established governance and operational arrangements.

10. Submissions to the Committee (Sub. 4) have advised that the Office of the Coroner provides the CDRPC secretariat or administrative support. Can you please confirm if this is the case?
- a. If so, how many FTE was this secretariat or administrative support provided to the CDRPC across the 2021-2022, 2022-2023, and 2023-2024 Financial years?

Answer:

One member of staff as Committee Secretariat for the financial years 2021-2022, 2022-2023 and 2023-2024.

11. Does the Coroner currently have a statutory responsibility to maintain the Child Death Register (CDR) and “report through to national statistics”, a function they were described as performing in the Public Briefing?
- a. When did the Office of the Coroner begin to maintain the CDR and report through to national statistics?
- b. On what basis does the Office of the Coroner maintain the CDR and report through to national statistics?
- i. If the basis is the shared secretariat or administrative support provided by the Office of the Coroner to the CDRPC, on what basis will the Office of the Coroner continue to maintain the CDR and report through to national statistics once the CDRPC has been disestablished?

Answer:

The Coroner does not currently have a statutory responsibility to maintain the CDR or to report child-death data to national organisations. These functions are not provided for in the *Coroners Act 1993*.

- a. The Office of the Coroner began maintaining the CDR when the Secretariat support for CDRPC was placed within the Coroner’s Office. This arrangement has been in place since 2017 and reflects the fact that coronial information is the primary data source for the Register, working with Births Deaths and Marriages Registry.
- b. The Office of the Coroner currently undertakes these functions under section 4A of the *Coroners Act 1993*.

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- i. The Secretariat resource that has historically supported CDRPC, maintained the CDR and prepared national data submissions will remain located within, and operationally supported by, the Office of the Coroner.
12. CDRPC's membership includes legal, health, policing, child protection, forensic pathology, and Aboriginal peak body expertise. How will that multidisciplinary expertise be retained once CDRPC's functions are dispersed amongst different agencies and offices?

Answer:

Noting this question seeks information beyond the repeal of the committee occurring in the Bill, and the objectives of the review, the following arrangements are proposed to continue. The multidisciplinary expertise currently provided through CDRPC will be retained through the existing roles and capabilities of the agencies taking on its functions. The Office of the Coroner will continue to access coronial, forensic pathology and policing expertise through its established investigative processes. The Office of the Children's Commissioner already holds expertise in systemic oversight and child-protection matters and will incorporate the prevention-focused functions into its existing mandate. The analytical and research expertise previously provided through CDRPC will be maintained through CDYRP.

13. Which agency, if any, will participate in the *Australian and New Zealand Child Death Review and Prevention Group* in place of the Child Death Review and Prevention Committee?

Answer:

Participation in the Australian and New Zealand Child Death Review and Prevention Group will continue through the Office of the Coroner. The Coroner's Office is the appropriate representative because the Office already maintains the Child Death Register, provides NT data for national reporting, and holds the coronial and forensic expertise that underpins the Group's work.

Child Deaths and the Child Deaths Register

14. How many child deaths were there in the NT in 2022-23, 2023-24, 2024-25?
 - a. In each year of 2022-23, 2023-24, and 2024-25, how many child deaths were reviewed by the Coroner? Please provide this information in whole numbers and as a percentage of total deaths in the NT in each year.

Answer:

2022-23 included analysis of 37 child deaths and 45 stillbirths within the 2022 calendar year. 12 child deaths were reviewed by the Coroner (32 per cent).

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2023-24 included analysis of 36 child deaths and 35 stillbirths within the 2023 calendar year. 23 child deaths were reviewed by the Coroner (64 per cent).

2024-25 included analysis of 96 child deaths and 66 stillbirths within the 2024 calendar year. 16 child deaths were reviewed by the Coroner (17 per cent).

15. Submissions to the Committee have advised that there have been 151 child deaths since the CDRPC last met. Can you confirm this figure?
- a. To date, how many child deaths have not been reviewed since the CDRPC last met in October 2024?
 - b. What is the plan for any backlog of unreviewed child deaths that have occurred since the CDRPC last met? Is there any intention to retrospectively review child deaths that have not yet been reviewed?
 - c. When questioned similarly to question 15(b) in the Public Briefing, the Department advised that ‘We will take that into consideration as we are finalising the transitional piece and look to have a response in respect of those deaths. The Department will consider that in terms of the work we are doing to progress the transition.’ Can you explain what that means concretely? What action will be taken in regard to unreviewed child deaths, by whom, and by what date?

Answer:

- a. From the last CDRPC meeting to April 2026, 144 child deaths have been registered at Births, Deaths and Marriages, and consistent with historic reporting, approximately 50% of these deaths are recorded as still births. There are seven further child deaths that have not been registered.
- b. There is no change to the existing functions of the Office of the Coroner and Office of the Children’s Commission and these deaths are therefore already subject to consideration by existing Statutory Offices should they be considered within their scope of review. Furthermore these deaths are included in the Child Death Register, including National reporting and will form part of any trend analysis and research commissioned as functions transition to new arrangements.
- c. The Department will finalise its approach as part of the transition work, including identifying which existing organisations are best placed to consider any systemic issues arising from those deaths. This may include specialist organisations that already examine particular categories of child deaths, as well as CYDRP’s ongoing Territory-wide data analysis. The Department will provide advice to the Minister on the final arrangements as part of the transition process.

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16. Part 3.3 of the *Care and Protection Act 2007* establishes the Child Death Register. This will be repealed by clause 6 of this Bill.
- a. Is it intended that the Child Death Register be disestablished?
 - b. If so:
 - i. What is the rationale for this?
 - ii. What other reporting obligations exist to report on child deaths in the Territory, and who would be responsible for this?
 - c. If not, what legislative authority will provide for continuing existence of the Child Death Register following the commencement of this Bill?

Answer:

- a. No. It is not intended that the CDR be disestablished.
 - b.
 - i. Not applicable.
 - ii. The Coroner is responsible for reporting on all reportable deaths under the *Coroners Act 1993*, including child deaths, and provides data to national child-death reporting through the Australian and New Zealand Child Death Review and Prevention Group.

The Australian Institute of Health and Welfare publishes national child-death statistics, including NT data supplied through coronial and agency sources. In addition, specialist organisations such as Red Nose (for sudden and unexpected infant deaths) and national stillbirth and disease-specific research organisations report on particular categories of child deaths. These reporting pathways will continue irrespective of the repeal of Part 3.3.
 - c. The CDR will continue as an administrative register maintained by the Office of the Coroner. It is not established under a specific legislative provision.
17. What measures are the Department undertaking to protect the institutional knowledge, case files and historical data held by the CDRPC when it is abolished? Where will that information be stored, and who will be responsible for maintaining it?

Answer:

The Office of the Coroner already holds the Secretariat function and maintains the Child Death Register. Annual reports are also available. All information held by Government is subject to record keeping requirements

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Transitional arrangements

18. What is the specific timeline by which the Department will have determined which agencies or offices will replace each of the CDRPC’s functions?

Answer:

Work to determine the final allocation of CDRPC’s functions is progressing. It is intended these arrangements will be resolved before CDRPC ceases upon commencement of the legislation, which is currently before the Legislative Assembly. The Department will continue working with the relevant agencies to confirm the final allocation of functions, with the intention that critical functions are supported during and after the transition.

19. Will there be an interim period between the abolition of the CDRPC and the transfer of the CDRPC’s function to review child deaths – in particular deaths that are not reportable to the Coroner – to another agency?
- a. If there is a gap, even a temporary one, who is responsible for child death reviews during that period?
 - b. What specific safeguards are in place to ensure that no child deaths go unreviewed while transition arrangements to disperse the functions of the CDRPC are in development?
 - c. What measures are the Department undertaking to ensure that the NT will maintain its national reporting obligations on child deaths during and after any transition, prior to and following the commencement of this Bill?

Answer:

It is intended that arrangements will be resolved prior to commencement of the Act and consequent abolition of the CDRPC.

- a. Notwithstanding the intention that arrangements will be resolved prior to commencement of the Act, existing functions of case review across agencies including Statutory responsibilities of the Coroners Office and Office of the Children’s Commissioner remain unchanged and will continue to consider child deaths within those prescribed functions in addition to the maintenance of the register.
- b. All child deaths continue to be recorded in the Child Deaths Register, and that information is preserved throughout the transition period. The existing functions of case review within scope of the Coroner’s Office and Office of the Children’s Commissioner.

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- c. The Office of the Coroner will maintain the CDR administratively and continue to supply NT data for national child-death reporting. This will ensure that all required information is preserved and transferred so that national reporting can continue uninterrupted during and after the transition.
20. Clause 2 of the Bill provides that the Bill will commence the day after assent, including clauses 3-6.
- a. What is the rationale for clauses 3-6 of the Bill commencing on this date, noting that at the time of the Public Briefing there was uncertainty regarding which agencies will take on the functions of the CDRPC?
 - b. Would there be any risks in delaying the commencement of clauses 3-6 until decisions have been made regarding the transfer of functions and resourcing provided to enable the transition?

Answer:

- a. Clauses 3-6 will commence as soon as possible on the day after the Administrator’s assent, as provided by clause 2 of the Bill. The Department’s transition work is continuing, and the commencement date does not predetermine which agencies will take on particular functions.
 - b. Delaying commencement would prolong the operation of provisions that no longer reflect Government policy and would create uncertainty about the status of CDRPC, which has not met since October 2024. In any event, the commencement clause is expressed to commence the entire Act at the same time the day after assent and does not accommodate commencing different parts of the Act at different times.
21. What provisions exist for continuity of current research projects, monitoring functions, and reporting obligations?

Answer:

The Department is ensuring continuity of current research projects, monitoring functions and reporting obligations by transitioning responsibilities to existing agencies rather than allowing them to lapse with the abolition of CDRPC.

Ongoing research and monitoring work supported through the Secretariat will continue within the Office of the Coroner, which will retain the CDR and associated data holdings.

22. Can you provide details of any preliminary plans for the transition of the CDRPC’s functions to other agencies or offices?

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Answer:

Preliminary planning has identified where each of CDRPC’s functions is likely to sit as detailed in the response to question 9.

Health and Community Services Complaints Commission Act 1998

23. Who was consulted regarding the decision to abolish the Health and Community Services Complaints Review Committee (HCSCRC)?

- a. Did any stakeholders support the decision to abolish the HCSCRC? If so, on what basis?
- b. What evidence and expert advice supported the decision to abolish the HCSCRC?

Answer:

Government conducted a review of all boards and committees to determine whether their structure and membership continued to be the most effective way to support Government priorities. This involved an internal assessment.

- a. Not applicable.
 - b. The decision to abolish HCSCRC was informed by consideration of its existing activity, including through the Annual Reports of the Health and Community Services Complaints Commission (HCSCC) and an assessment that its functions were limited to reviewing the processes used by the HCSCC and it had not identified any significant or recurring procedural issues over many years. The review concluded that existing complaints and regulatory pathways already provide appropriate oversight, and HCSCRC’s inactivity demonstrated that other regulatory arrangements were adequate and its role could be abolished without diminishing accountability or service quality.
24. The Explanatory Statement notes that “there are other complaints and review processes available, including through the Australian Health Practitioner Regulation Agency” (AHPRA) regarding the Health and Community Services Complaints Commission’s (HCSCC) conduct regarding complaints (p.4). However, the Committee has been advised that AHPRA has no jurisdiction to review the HCSCC (Sub 5).
- a. On what authority is AHPRA able to review decisions of the HCSCC?
 - b. If the AHPRA is not able to review decisions of the HCSCC:
 - i. Can you please clarify why AHRPA is referenced in the Explanatory Statement?
 - ii. Is any other alternate body able to review decisions of the HCSCC?

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Answer:

- a. There is no authority for AHPRA to review the decisions of HCSCC.
 - i. AHPRA was referenced to note that there are a number of existing avenues for complaints and raising issues regarding the provision of health care in the NT. This includes AHPRA as well as HCSCC.
 - ii. There is no body (other than judicial review by the Supreme Court) able to review decisions of HCSCC, noting HCSCRC is unable to review decisions of HCSCC as its scope is limited to reviewing whether processes and procedures had been followed for responding to a complaint. This could result in recommendations to the Commissioner in respect of the conduct of the complaint or the complaint process. HCSCRC recommendations are not enforceable.
25. In the Public Briefing, the Department indicated it understood some HCSCRC functions, including receipt of complaints regarding the HCSCC, will be provided to the Office of the Integrity and Ethics Commissioner (OIEC) once the HCSCRC is abolished. However, the Department did not provide any specific details.
- a. Please explain what responsibilities the OIEC will have regarding receiving complaints regarding the HCSCC and providing an avenue for review of those decisions?
 - b. If the OIEC will not have responsibility for this, who will?
 - c. Can you explain the rationale for not providing responsibility for the functions being transferred to other agencies or offices by legislative amendment?

Answer:

- a. The Integrity and Ethics Commission is undergoing a change management process led through the Department of the Chief Minister and Cabinet (CM&C) and providing detail on the roles and responsibilities of the OIEC in the context of the HCSCC noting the change management process underway is an operation question best directed to the Department of the Chief Minister and Cabinet.
- b. The Department is consulting with CM&C as they work through their change management processes on any interaction between abolishing HCSCRC and the Integrity and Ethics Commission. However, as confirmed during the Scrutiny Hearing, the Department cannot respond on behalf of CM&C regarding the operational responsibilities of the Integrity and Ethics Commission and its various offices.

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- c. The limited function of HCSCRC is no longer required or relevant as there is no evidence of any significant concerns about the HCSCC process and procedure. Related, the recent changes to the Administrative Arrangements Order on 1 June 2026 transferred responsibility for health and community services complaints to OIEC.
26. During any transition period, what mechanisms exist to ensure procedural fairness and independent review for people whose complaints are not being handled properly?

Answer:

HCSCRC has the limited function to review processes and procedures for complaints considered by the HCSCC under the *Health and Community Services Complaints Commission Act 1998*. This function serves to assist the HCSCC to improve its processes and procedures, it does not impact on the outcome of a complaint and does not guarantee procedural fairness for individual complaints.

In terms of health and community services complaints (outside the scope of HCSCRC), there is no transition period. The recent changes to the Administrative Arrangements Order transferred responsibility to OIEC.

Public Trustee Act 1979

27. Clause 22 replaces section 19 of the *Public Trustee Act 1979*, which previously provided for the Auditor-General to inspect and audit the accounts and records of the Public Trustee, and is instead proposed to provide for the Auditor-General to audit the financial statements and records in relation to the common funds.
- a. What difference, if any, is there between the accounts and records of the Public Trustee and the financial statements and records of the common funds? e.g. Is there any widening or tightening of the Auditor-General’s audit scope?

Answer:

There is no change to the audit scope of the Auditor-General. The amendment clarifies how the *Public Trustee Act 1979* operates in relation to the inspection and audit of common funds, which hold funds on behalf of individuals.

Record-keeping, auditing and reporting requirements in relation to the accounts and records of the Public Trustee (other than common funds) are dealt with as part of the Agency’s annual reporting and the Office of the Public Guardian and Trustee is otherwise governed by the *Financial Management Act 1995*.

The Public Trustee does not hold money that is not covered by either the *Public Trustee Act 1979* (common funds) or the *Financial Management Act 1995*.

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The auditing requirements for the Public Trustee in terms of the common funds are more stringent and require an independent audit. The Public Trustee has a unique role in managing funds on behalf of vulnerable Territorians and people with impaired capacity and, as the common funds hold money that belongs to Territorians, these are subject to more stringent financial accountability.

28. The Committee heard from the Auditor-General (Sub 1) that there is no requirement on the Office of the Public Trustee to prepare financial statements that summarise its operations and have those statements audited and included in the annual report. Public Trustee statements are confined to the common funds.

- a. What consideration, if any, was given to requiring the Office of the Public Trustee to prepare financial statements that summarise its operations and have those statements audited and included in their annual report? Please also explain the rationale for any decisions made as a result of this consideration.
- b. Would requiring the Office of the Public Trustee to prepare financial statements that summarise its operations and have those statements audited and included in their annual report create any risks or benefits?

Answer:

- a. The record-keeping, oversight and reporting requirements as per the *Financial Management Act 1995* and Treasurer’s Directions, in tandem with the requirements under the *Public Trustee Act 1979* for the common funds, are considered appropriate.
 - b. Imposing such obligations on the Public Trustee is considered unnecessary, noting the record-keeping, oversight and reporting requirements as per the *Financial Management Act 1995* and Treasurer’s Directions. It would place an onerous burden, not imposed on other independent offices or departments, on the Office of the Public Trustee.
29. The Committee heard from the Auditor-General (Sub 1) that the changes in the Bill will likely delay when investors in the common fund will receive audited financial information. They recommended that obligations to prepare and table the annual report should be split from the obligation to provide investors financial information.
- a. Can you please comment on this?
 - b. Would splitting the obligations to prepare and table the annual report from the obligation to provide investors financial information create any risks or benefits?

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Answer:

- a. The timing in the amendments will provide an outside timeframe with the intent to provide the Public Trustee’s annual report and information to investors earlier than the mandated timing.

The current timeframe in the *Public Trustee Act 1979*, which essentially imposes a four-month timeframe on the total process, has not been met in the past, and is considered to be unsustainable over the longer term.

The proposed timeframe and process in the Bill intend to provide a realistic timeframe and certainty with consideration of all the steps in the process, including:

- preparation and provision of financial statements
 - the Auditor-General conducting the audit
 - preparation of the annual report
 - tabling in Parliament; and
 - provision of information to investors.
- b. Splitting the obligations to prepare and table the annual report and to provide financial information to investors to ensure the investors receive information promptly, could result in investors receiving information from the annual report ahead of its finalisation. This approach would also reduce flexibility and simplicity of the process, which may change from year to year depending on circumstances and resources. In addition, the Public Trustee is dependent on a third party (its financial investment intermediaries) to provide the required information.
30. The Committee heard from the Auditor-General (Sub 1) that there should be a mandated deadline on the Public Trustee to submit financial statements to the Auditor-General to ensure that the Auditor-General has enough time to complete their audit within their mandated timeframe of six-months after the end of the financial year.
- a. What consideration was given to establishing a mandated deadline for the Public Trustee to submit financial statements to the Auditor-General?
- b. Would the establishment of a mandated deadline for the Public Trustee to submit financial statements to the Auditor-General create any risks or benefits?

Answer:

- a. It was not considered necessary to mandate a deadline for the Public Trustee to submit financial statements to the Auditor-General, as it would be implicit that the

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Public Trustee is required to do this to support the Auditor-General in conducting their audit within six months of the end of the financial year.

- b. There is a risk that establishing a deadline for the Public Trustee to submit financial statements to the Auditor-General would impact on flexibility, particularly noting the Public Trustee is reliant on a third party for preparing the financial statements.

Setting a timeframe of, for example, four months from the end of the financial year, is realistic but unlikely to reduce the overall timeframes for finalising the annual report and providing information to investors.